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Docket No. _____

2002 OCT 24 A 10:31
CHIEF CLERK'S OFFICE
Office Use Only

Midwestern Telecommunications, Inc. :
d/b/a MTI :
 :
Application for a certificate of local authority :
to operate as a facilities based carrier of :
telecommunications services in MSA-1 in the :
areas served by SBC/Ameritech in the State :
of Illinois. :

02-0691

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL INFORMATION

1. Applicant's Name(including d/b/a, if any)

FEIN # 36-4182770

Midwestern Telecommunications, Inc., MTI, M.T.I.

Address: 4749 Lincoln Mall Drive Suite 600

City: Matteson State/Zip: IL, 60443

2. Authority Requested: (Mark all that apply)

X 13-403 Facilities Based Interexchange

X 13-404 Resale of Local and/or Interexchange

 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local
Exchange Telecommunications Carriers in the State of Illinois

X Section 735.180 Directories

_____ Other

Waiver of Part 710: MTI uses GAAP and was granted a waiver in its original applications.
Waiver of 735: MTI is a prepay local service provider. As such, adherence to certain parts of 735 will create an economic hardship. As to directories, SBC distributes new directories to all new customers.

Waiver of 735.180: SBC distributes new directories to all new customers.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

MSA-1

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

_____ Individual

X Corporation

_____ Partnership

Date corporation was formed 12/31/1996

In what state? Illinois

_____ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

A copy of the Applicant's Articles of Incorporation is attached hereto as Exhibit A. A Copy of the Applicant's Certificate of Authority to transact business in the State of Illinois is attached as Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Illinois _____ Wisconsin _____ California _____

Indiana _____ Michigan _____ Ohio _____

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

_____ YES (Please provide details) X NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

_____ YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

_____ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? X YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

The brief biographies of the Applicant's managerial team are attached hereto as Exhibit C.

15. List officers of Applicant.

Jerry Holt Co-CEO _____

Ikechuku V. Chinwah _____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Bills are sent out once every 30 days and are due 21 days after the postmark of the bill. All bills include details of services and feature as well as applicable taxes and surcharges as well as details of past due amounts (if any) and previous amounts paid.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

MTI has a staff of 40 trained Customer Service Representatives (CSR) on duty from 9am -6pm Monday - Friday with the ability to handle general service, billing, and repair complaints. At the request of the customer or when CSRs are unable to handle issues, calls are routinely handed up to management personal. All collection correspondence includes information regarding the customer's rights, including access to the Commission via the toll free number.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 684-4349 or (708) 679-5050

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers? All potential customers are required to sign an LOA. Changes to customers accounts are only made after verification of the customer's Social Security Number.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

X YES _____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES _____ NO

FINANCIAL STATEMENT REQUIRED FOR ALL APPLICANTS

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Copies of Applicant's financial statements are attached hereto as Exhibit D. Please note that the Applicant is a privately-owned company, and is not under any obligation to prepare or release its financial statements, ownership information, or specific customer projections in any state. Therefore, Applicant submits its financial statements under seal.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

SBC/Ameritech

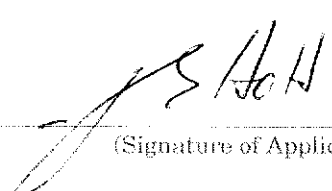
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Prepaid local service

28. Will technical personnel be available at all times to assist customers with service problems?

X YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO


(Signature of Applicant)

VERIFICATION

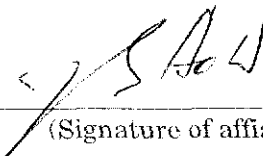
This application shall be verified under oath.

OATH

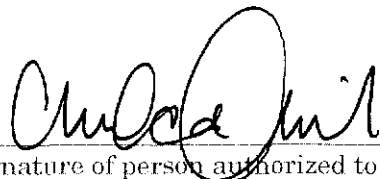
State of Illinois)
)ss
County of Cook)

Jerry E. Holt makes oath and says that he is Co-CEO
of Midwestern Telecommunications, Inc.

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Chukudi Chinwah
in the State and County above named, this 24th day of October, 2002.


(Signature of person authorized to administer oath)

